

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10/773542

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO	DEP	NO	DEP	NO	DEP
1			1			
2		1		1		
3		1		1		
4		1		1		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11		4		4		
12		4		4		
13		4		4		
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TOTAL NO.	1		1			
TOTAL DEP.	39		39			
TOTAL CLAIMS	40		40			

	NO	DEP	NO	DEP	NO	DEP
51						
52						
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